

Attachment A
General Instructions:

| |
|---|
| <p><u>Each State must provide the information indicated below on its TANF program regardless of the funding source -- i.e., no matter whether the State used segregated Federal TANF funds, segregated State TANF funds, or commingled funds to pay for the benefit or service.</u></p> <p><u>If the State elects to report on other benefits or activities provided through other program funding streams, please mention it after the TANF-funded benefits or activities for each item.</u></p> |
| <p><u>1. The State's definition of each work activity.</u> Primary work activities: Minimum average of participated weekly hours must be at least 20 or 30 in the following activities: Definition of each work activity will be found in the Puerto Rico Work Verification Plan, Section I, Pages 4 thru 29 (top).</p> |
| <p><u>2. A description of the transitional services provided to families no longer receiving assistance due to employment.</u> a) Transportation and lunch expenses until our former TANF recipients receive their first pay check. b) Child care services up to 12 months on a co-payment basis after started on employment activity. c) Medicaid for the TANF family for 12 months. d) TANF participants will continue receiving benefits from our Nutritional Assistance Program (NAP) for 18 months.</p> |
| <p><u>3. A description of how a State will reduce the amount of assistance payable to a family when an individual refuses to engage in work without good cause pursuant to 45 CFR 261.14 of this chapter.</u> • For the first time, he/she will be penalized, as established in our policy, and his/her cash assistance benefit will be reduce. This action will last three months. • For the second time, he/she will be penalized for the same period of time that he/she refuses to participate or for three months and the case will be closed. The individual must comply with the penalty term in order to be able to re-apply for benefits. • For the third time, he/she will be penalized for the next six months, and the case will be closed. The participant must comply with the penalty term, after this period he/she is able to re-apply for benefits again. If the individual fails to cooperate once more, this penalty will be used again.</p> |
| <p><u>4. The average monthly number of payments for child care services made by the State through the use of disregards, by the following types of child care providers:</u></p> |
| <p><u>i. Licensed/regulated in-home child care:</u> 0</p> |
| <p><u>ii. Licensed/regulated family child care:</u> 0</p> |
| <p><u>iii. Licensed/regulated group home child care:</u> 83</p> |
| <p><u>iv. Licensed/regulated center-based child care:</u> 458</p> |
| <p><u>v. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a non-relative:</u> 50</p> |
| <p><u>vi. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a relative:</u> 73</p> |
| <p><u>vii. Legally operating (i.e., no license category available in State or locality) family child care provided by a non-relative:</u> 507</p> |
| <p><u>viii. Legally operating (i.e., no license category available in State or locality)</u></p> |

family child care provided by a relative: 1,049

ix. Legally operating (i.e., no license category available in State or locality) group child care provided by a non-relative: 0

x. Legally operating (i.e., no license category available in State or locality) group child care provided by a relative: 0

xi. Legally operated (i.e., no license category available in State or locality) center-based child care: 0

5. If the State has adopted the Family Violence Option and wants Federal recognition of its good cause domestic violence waivers under 45 CFR 260.50-58, then provide (a) a description of the strategies and procedures in place to ensure that victims of domestic violence receive appropriate alternative services and (b) an aggregate figure for the total number of good cause domestic waivers granted.

The total number of federally recognized good cause domestic violence waivers granted equals the number actually granted during the fiscal year of this report plus any granted in a prior fiscal year that are still in effect during the fiscal year of this report. The government of Puerto Rico established the following dispositions: • Screen and identify individuals receiving assistance with a history of domestic violence, while maintaining the confidentiality of such individuals. • Refer such individuals to counseling and supportive services. • Waive pursuant to a determination for good cause, other program such as time limits (for as long as necessary) for individuals receiving assistance, residency requirements, child support cooperation requirements and family cap provisions, in cases where compliance with such requirements would make it more difficult for individuals receiving assistance to escape domestic violence or unfairly penalize such individuals who are or have been victimized by such violence, or individuals who are risk of further domestic violence. Both, personnel from the TANF Program and the delegated agencies were trained by specialized government officials to identify, conduct referrals and ensure that the victims of domestic violence receive appropriate services. Services provided to our TANF participants thru the delegated agencies: a) Domestic violence counseling-319 (actual victims or in risk to be) b) Just cause to extend time limit of 60 months for an additional 12 months-3 Referrals to other Programs such as: a) Health Programs-2 b) Psychological Assistance-126 c) Legal Assistance-1 d) Family Therapy-0 e) Protected Houses or Institutions-19 f) Housing-5 g) Program of Assistance to Victims of Domestic Violence-47 h) Education and Vocational Training-3,886 i) Employment-2,806 j) Support Services Provided-78 k) Other Agencies or Programs-41 Total 7,011

6. A description of any nonrecurrent, short-term benefits (as defined in 45 CFR 260.31(b)(1)) provided, including:

i. The eligibility criteria associated with such benefits, including any restrictions on the amount, duration, or frequency of payments;

ii. Any policies that limit such payments to families that are eligible for TANF assistance or that have the effect of delaying or suspending a family's eligibility for assistance;

iii. Any procedures or activities developed under the TANF program to ensure that individuals diverted from assistance receive information about, referrals to, or access to other program benefits (such as Medicaid and food stamps) that might help them make the transition from welfare to work.

(i) The eligibility criteria associated with such benefits, including any restrictions on the amount, duration, or frequency of payments; N/A (ii) Any policies that limit such

payments to families that are eligible for TANF assistance or that have the effect of delaying or suspending a family's eligibility for assistance; N/A (iii) Any procedures or activities developed under the TANF program to ensure that individuals diverted from assistance receive information about, referrals to, or access to other program benefits (such as Medicaid and food stamps) that might help them make the transition from welfare to work; N/A

7. A description of the grievance procedures the State has established and is maintaining to resolve displacement complaints, pursuant to section 407(f)(3) of the Social Security Act. This description must include the name of the State agency with the lead responsibility for administering this provision and explanations of how the State has notified the public about these procedures and how an individual can register a complaint.

The Administration for the Socioeconomic Development of the Family of the Department of the Family is the leading agency for the appeals related to the TANF and Nutrition Assistance Program. For Medicaid and Public Housing services were provided in other agencies, that has its own appealing process. The Program guaranties to all applicants the right to appeal whenever the individual does not agree with an action taken by our eligibility determination technician. The appeal may be submitted at any local office. The individual may submit the application during the next fifteen days after receiving the action notification.

8. A summary of State programs and activities directed at the third and fourth statutory purposes of TANF (as specified at 45 CFR 260.20(c) and (d) of this chapter).

a. Summarize below, the State programs and activities directed at preventing and reducing the incidence of out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies (TANF purpose 3):

A Non-Profit Governmental Organization established and developed seven (7) programs targeted to youngsters at risk of out of wedlock pregnancies.

b. Summarize below, the State programs and activities directed at encouraging the formation and maintenance of two-parent families (TANF purpose 4):

The seven (7) programs were established within four regions of the Department of the Family. This fiscal year the programs served approximately 4,210 individuals.

9. An estimate of the total number of individuals who have participated in subsidized employment under §261.30(b) or (c) of this chapter. 1,452

Attachment B Basic Assistance
Grantee Information

| | |
|--------------------------|-------------------------|
| <u>State</u> PUERTO RICO | <u>Fiscal Year</u> 2010 |
|--------------------------|-------------------------|

Program Information

| |
|--|
| <p><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></p> |
| <p><u>1. Name of Benefit or Service Program:</u> Basic Assistance</p> |
| <p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Issuance of cash assistance through electronic benefits transfers.</p> |
| <p><u>3. Purpose(s) of Benefit or Service Program:</u> Accurate benefits issuance. Long term administrative expenses savings.</p> |
| <p><u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State </p> |
| <p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A</p> |
| <p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$8,675,433</p> |
| <p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$30,259,831</p> |
| <p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 13,383</p> |
| <p><u>This last figure represents (Check one):</u> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year. </p> |
| <p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> N/A</p> |
| <p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> |
| <p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p> |

Attachment B Work Activities
Grantee Information

| | |
|--------------------------|-------------------------|
| <u>State</u> PUERTO RICO | <u>Fiscal Year</u> 2010 |
|--------------------------|-------------------------|

Program Information

| |
|--|
| <p><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></p> |
| <p><u>1. Name of Benefit or Service Program:</u> Work Activities</p> |
| <p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Among the services provided to the TANF Families by case management service contractors and in house management are file readiness and file placement. The work activities are stated in the FY2001 State Plan.</p> |
| <p><u>3. Purpose(s) of Benefit or Service Program:</u> Accurate benefits issuance. Long term administrative expense savings.</p> |
| <p><u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State</p> |
| <p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A</p> |
| <p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$7,495,713</p> |
| <p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$30,259,831</p> |
| <p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 13,383</p> |
| <p><u>This last figure represents (Check one):</u> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year.</p> |
| <p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> N/A</p> |
| <p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
| <p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p> |

Attachment B Administrator
Grantee Information

| | |
|--------------------------|-------------------------|
| <u>State</u> PUERTO RICO | <u>Fiscal Year</u> 2010 |
|--------------------------|-------------------------|

Program Information

| |
|---|
| <u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u> |
| <u>1. Name of Benefit or Service Program:</u> Administration |
| <u>2. Description of the Major Program Benefits, Services, and Activities:</u> Implementing electronic benefits transfers, update information systems and equipment, personnel training. |
| <u>3. Purpose(s) of Benefit or Service Program:</u> Accurate benefits issuance. Long term administrative expenses savings. |
| <u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State |
| <u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A |
| <u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$3,177,818 |
| <u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$30,259,831 |
| <u>8. Total Number of Families Served under the Program with MOE Funds:</u> 13,383 <u>This last figure represents (Check one):</u> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year. |
| <u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> N/A |
| <u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0 |

Attachment B Information System
Grantee Information

| | |
|--------------------------|-------------------------|
| <u>State</u> PUERTO RICO | <u>Fiscal Year</u> 2010 |
|--------------------------|-------------------------|

Program Information

| |
|--|
| <p><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></p> |
| <p><u>1. Name of Benefit or Service Program:</u> Information Systems</p> |
| <p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Issuance of electronic benefits transfers. Implementing electronic case management and data transmission.</p> |
| <p><u>3. Purpose(s) of Benefit or Service Program:</u> Faster and accurate benefits issuance.</p> |
| <p><u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State </p> |
| <p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A</p> |
| <p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$74,595</p> |
| <p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$30,259,831</p> |
| <p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 13,383</p> |
| <p><u>This last figure represents (Check one):</u> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year. </p> |
| <p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> N/A</p> |
| <p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> |
| <p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p> |

Attachment B Child Protection Program
Grantee Information

| | |
|--------------------------|-------------------------|
| <u>State</u> PUERTO RICO | <u>Fiscal Year</u> 2010 |
|--------------------------|-------------------------|

Program Information

| |
|---|
| <p><u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u></p> |
| <p><u>1. Name of Benefit or Service Program:</u> Child Protection Program</p> |
| <p><u>2. Description of the Major Program Benefits, Services, and Activities:</u> Provide emergency service to children and families 24 hours a day, seven days a week and 365 days per year.</p> |
| <p><u>3. Purpose(s) of Benefit or Service Program:</u> These services are concentrated to taking care and handling referral of vulnerable families who could be on a crisis situation. If the situation becomes an emergency if requires immediate professional assistance to assure families emotional and physical well being.</p> |
| <p><u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State </p> |
| <p><u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A</p> |
| <p><u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$10,836,272</p> |
| <p><u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$30,259,831</p> |
| <p><u>8. Total Number of Families Served under the Program with MOE Funds:</u> 13,383</p> |
| <p><u>This last figure represents (Check one):</u> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year. </p> |
| <p><u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:</u> N/A</p> |
| <p><u>10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)</u> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> |
| <p><u>11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):</u> \$0</p> |

Certification

Certify:

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."

Signature



Name Shayli Souchet

Title

Date Submitted 01/12/2011

Approved OMB No. 0970-0248 Form ACF-204, expires 04/30/2009.

Attachment A

General Instructions:

Each State must provide the information indicated below on its TANF program regardless of the funding source -- i.e., no matter whether the State used segregated Federal TANF funds, segregated State TANF funds, or commingled funds to pay for the benefit or service.

If the State elects to report on other benefits or activities provided through other program funding streams, please mention it after the TANF-funded benefits or activities for each item.

1. The State's definition of each work activity.

Primary work activities: Minimum average of participated weekly hours must be at least 20 or 30 in the following activities: Definition of each work activity will be found in the Puerto Rico Work Verification Plan, Section I, Pages 4 thru 29 (top).

2. A description of the transitional services provided to families no longer receiving assistance due to employment.

a) Transportation and lunch expenses until our former TANF recipients receive their first pay check. b) Child care services up to 12 months on a co-payment basis after started on employment activity. c) Medicaid for the TANF family for 12 months. d) TANF participants will continue receiving benefits from our Nutritional Assistance Program (NAP) for 18 months.

3. A description of how a State will reduce the amount of assistance payable to a family when an individual refuses to engage in work without good cause pursuant to 45 CFR 261.14 of this chapter.

- For the first time, he/she will be penalized, as established in our policy, and his/her cash assistance benefit will be reduced. This action will last three months.
- For the second time, he/she will be penalized for the same period of time that he/she refuses to participate or for three months and the case will be closed. The individual must comply with the penalty term in order to be able to re-apply for benefits.
- For the third time, he/she will be penalized for the next six months, and the case will be closed. The participant must comply with the penalty term, after this period he/she is able to re-apply for benefits again. If the individual fails to cooperate once more,

this penalty will be used again.

4. The average monthly number of payments for child care services made by the State through the use of disregards, by the following types of child care providers:

i. Licensed/regulated in-home child care: 0

ii. Licensed/regulated family child care: 0

iii. Licensed/regulated group home child care: 83

iv. Licensed/regulated center-based child care: 458

v. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a non-relative: 50

vi. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a relative: 73

vii. Legally operating (i.e., no license category available in State or locality) family child care provided by a non-relative: 507

viii. Legally operating (i.e., no license category available in State or locality) family child care provided by a relative: 1,049

ix. Legally operating (i.e., no license category available in State or locality) group child care provided by a non-relative: 0

x. Legally operating (i.e., no license category available in State or locality) group child care provided by a relative: 0

xi. Legally operated (i.e., no license category available in State or locality) center-based child care: 0

5. If the State has adopted the Family Violence Option and wants Federal recognition of its good cause domestic violence waivers under 45 CFR 260.50-58, then provide (a) a description of the strategies and procedures in place to ensure that victims of domestic violence receive appropriate alternative services and (b) an aggregate figure for the total number of good cause domestic waivers granted.

The total number of federally recognized good cause domestic violence waivers granted equals the number actually granted during the fiscal year of this report plus any granted in a prior fiscal year that are still in effect during the fiscal year of this report. The government of Puerto Rico established the following dispositions:

- Screen and identify individuals receiving assistance with a history of domestic violence, while maintaining the confidentiality of such individuals.
- Refer such individuals to counseling and supportive services.
- Waive pursuant to a determination for good cause, other program such as time limits (for as long as necessary) for individuals receiving assistance, residency requirements, child support cooperation requirements and family cap provisions, in cases where compliance with such requirements would make it more difficult for individuals receiving assistance to escape domestic violence or unfairly penalize such individuals who are or have been victimized by such violence, or individuals who are risk of further domestic violence.

Both, personnel from the TANF Program and the delegated agencies were trained by specialized government officials to identify, conduct referrals and ensure that the victims of domestic violence receive appropriate services. Services provided to our TANF participants thru the delegated agencies:

a) Domestic violence counseling-319 (actual victims or in risk to be) b) Just cause to extend time limit of 60 months for an additional 12 months-3 Referrals to other Programs such as: a) Health Programs-2 b) Psychological Assistance-126 c) Legal Assistance-1 d) Family Therapy-0 e) Protected Houses or Institutions-19 f)

Housing-5 g) Program of Assistance to Victims of Domestic Violence-47 h) Education and Vocational Training-3,886 i) Employment-2,806 j) Support Services Provided-78 k) Other Agencies or Programs-41 Total 7,011

6. A description of any nonrecurrent, short-term benefits (as defined in 45 CFR 260.31(b)(1)) provided, including:

i. The eligibility criteria associated with such benefits, including any restrictions on the amount, duration, or frequency of payments;

ii. Any policies that limit such payments to families that are eligible for TANF assistance or that have the effect of delaying or suspending a family's eligibility for assistance;

iii. Any procedures or activities developed under the TANF program to ensure that individuals diverted from assistance receive information about, referrals to, or access to other program benefits (such as Medicaid and food stamps) that might help them make the transition from welfare to work.

(i) The eligibility criteria associated with such benefits, including any restrictions on the amount, duration, or frequency of payments; N/A (ii) Any policies that limit such payments to families that are eligible for TANF assistance or that have the effect of delaying or suspending a family's eligibility for assistance; N/A (iii) Any procedures or activities developed under the TANF program to ensure that individuals diverted from assistance receive information about, referrals to, or access to other program benefits (such as Medicaid and food stamps) that might help them make the transition from welfare to work; N/A

7. A description of the grievance procedures the State has established and is maintaining to resolve displacement complaints, pursuant to section 407(f)(3) of the Social Security Act. This description must include the name of the State agency with the lead responsibility for administering this provision and explanations of how the State has notified the public about these procedures and how an individual can register a complaint.

The Administration for the Socioeconomic Development of the Family of the Department of the Family is the leading agency for the appeals related to the TANF and Nutrition Assistance Program. For Medicaid and Public Housing services were provided in other agencies, that has its own appealing process. The Program guarantees to all applicants the right to appeal whenever the individual does not agree with an action taken by our eligibility determination technician. The appeal may be submitted at any local office. The individual may submit the application during the next fifteen days after receiving the action notification.

8. A summary of State programs and activities directed at the third and fourth statutory purposes of TANF (as specified at 45 CFR 260.20(c) and (d) of this chapter).

a. Summarize below, the State programs and activities directed at preventing and reducing the incidence of out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies (TANF purpose 3):

A Non-Profit Governmental Organization established and developed seven (7) programs targeted to youngsters at risk of out of wedlock pregnancies.

b. Summarize below, the State programs and activities directed at encouraging the formation and maintenance of two-parent families (TANF purpose 4):

The seven (7) programs were established within four regions of the Department of the Family. This fiscal year the programs served approximately 4,210 individuals.

9. An estimate of the total number of individuals who have participated in subsidized employment under §261.30(b) or (c) of this chapter. 1,452

Attachment B Basic Assistance
Grantee Information

| | |
|--------------------------|-------------------------|
| <u>State</u> PUERTO RICO | <u>Fiscal Year</u> 2010 |
|--------------------------|-------------------------|

Program Information

| |
|---|
| <u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u> |
| <u>1. Name of Benefit or Service Program:</u> Basic Assistance |
| <u>2. Description of the Major Program Benefits, Services, and Activities:</u> Issuance of cash assistance through electronic benefits transfers. |
| <u>3. Purpose(s) of Benefit or Service Program:</u> Accurate benefits issuance. Long term administrative expenses savings. |
| <u>4. Program Type. (Check one)</u> <input checked="" type="radio"/> TANF <input type="radio"/> State |
| <u>5. Description of Work Activities (Complete only if this program is a separate State program):</u> N/A |
| <u>6. Total State Expenditures for the Program for the Fiscal Year:</u> \$8,675,433 |
| <u>7. Total State MOE Expenditures under the Program for the Fiscal Year:</u> \$30,259,831 |
| <u>8. Total Number of Families Served under the Program with MOE Funds:</u> 13,383 |
| <u>This last figure represents (Check one):</u> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year. |
| <u>9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or</u> |

| |
|---|
| <u>Services:</u> N/A |
| 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one) <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0 |

Attachment B Work Activities
Grantee Information

| | |
|--------------------------|-------------------------|
| <u>State</u> PUERTO RICO | <u>Fiscal Year</u> 2010 |
|--------------------------|-------------------------|

Program Information

| |
|---|
| <u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u> |
| 1. Name of Benefit or Service Program: Work Activities |
| 2. Description of the Major Program Benefits, Services, and Activities: Among the services provided to the TANF Families by case management service contractors and in house management are file readiness and file placement. The work activities are stated in the FY2001 State Plan. |
| 3. Purpose(s) of Benefit or Service Program: Accurate benefits issuance. Long term administrative expense savings. |
| 4. Program Type. (Check one) <input checked="" type="radio"/> TANF <input type="radio"/> State |
| 5. Description of Work Activities (Complete only if this program is a separate State program): N/A |
| 6. Total State Expenditures for the Program for the Fiscal Year: \$7,495,713 |
| 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$30,259,831 |
| 8. Total Number of Families Served under the Program with MOE Funds: 13,383 |
| <u>This last figure represents (Check one):</u> |

| |
|---|
| <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year. |
| 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services: N/A |
| 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one) <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0 |

Attachment B Administrator
Grantee Information

| | |
|--------------------------|-------------------------|
| State PUERTO RICO | Fiscal Year 2010 |
|--------------------------|-------------------------|

Program Information

| |
|--|
| <u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u> |
| 1. Name of Benefit or Service Program: Administration |
| 2. Description of the Major Program Benefits, Services, and Activities: Implementing electronic benefits transfers, update information systems and equipment, personnel training. |
| 3. Purpose(s) of Benefit or Service Program: Accurate benefits issuance. Long term administrative expenses savings. |
| 4. Program Type. (Check one) <input checked="" type="radio"/> TANF <input type="radio"/> State |
| 5. Description of Work Activities (Complete only if this program is a separate State program): N/A |
| 6. Total State Expenditures for the Program for the Fiscal Year: \$3,177,818 |
| 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$30,259,831 |
| 8. Total Number of Families Served under the Program with MOE Funds: 13,383 |
| <u>This last figure represents (Check one):</u> |

| |
|---|
| <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year. |
| 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services: N/A |
| 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one) <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0 |

Attachment B Information System
Grantee Information

| | |
|--------------------------|-------------------------|
| State PUERTO RICO | Fiscal Year 2010 |
|--------------------------|-------------------------|

Program Information

| |
|--|
| <u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u> |
| 1. Name of Benefit or Service Program: Information Systems |
| 2. Description of the Major Program Benefits, Services, and Activities: Issuance of electronic benefits transfers. Implementing electronic case management and data transmission. |
| 3. Purpose(s) of Benefit or Service Program: Faster and accurate benefits issuance. |
| 4. Program Type. (Check one) <input checked="" type="radio"/> TANF <input type="radio"/> State |
| 5. Description of Work Activities (Complete only if this program is a separate State program): N/A |
| 6. Total State Expenditures for the Program for the Fiscal Year: \$74,595 |
| 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$30,259,831 |
| 8. Total Number of Families Served under the Program with MOE Funds: 13,383 |
| <u>This last figure represents (Check one):</u> |

| |
|---|
| <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year. |
| 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services: N/A |
| 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one) <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0 |

Attachment B Child Protection Program
Grantee Information


| | |
|--------------------------|-------------------------|
| <u>State</u> PUERTO RICO | <u>Fiscal Year</u> 2010 |
|--------------------------|-------------------------|

Program Information

| |
|--|
| <u>Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.</u> |
| 1. Name of Benefit or Service Program: Child Protection Program |
| 2. Description of the Major Program Benefits, Services, and Activities: Provide emergency service to children and families 24 hours a day, seven days a week and 365 days per year. |
| 3. Purpose(s) of Benefit or Service Program: These services are concentrated to taking care and handling referral of vulnerable families who could be on a crisis situation. If the situation becomes an emergency if requires immediate professional assistance to assure families emotional and physical well being. |
| 4. Program Type. (Check one) <input checked="" type="radio"/> TANF <input type="radio"/> State |
| 5. Description of Work Activities (Complete only if this program is a separate State program): N/A |
| 6. Total State Expenditures for the Program for the Fiscal Year: \$10,836,272 |
| 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$30,259,831 |

| |
|---|
| 8. Total Number of Families Served under the Program with MOE Funds: 13,383 <u>This last figure represents (Check one):</u> <input checked="" type="radio"/> The average monthly total for the fiscal year. <input type="radio"/> The total served over the fiscal year. |
| 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services: N/A |
| 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one) <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0 |

Certification
Certify:

| |
|--|
| <u>This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."</u> |
| <u>Signature</u>  |
| <u>Name</u> Shayli Souchet |
| <u>Title</u> |
| <u>Date Submitted</u> 01/12/2011 |
| <u>Approved OMB No. 0970-0248 Form ACF-204, expires 04/30/2009.</u> |